

OFFICE OF THE SURGEON GENERAL
Technical Information Division
Washington, D. C.

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RELEASE: Upon Receipt

News Notes No. 21 JUN 5 - 1945

31 May 1945

MEDICAL

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SURGEON GENERAL OUTLINES PERSONNEL RELEASE POLICY

Substantial releases of Army Medical Department personnel will not take place before the latter part of this year, Surgeon General Norman T. Kirk said in announcing a policy on discharges in conformity with War Department procedures. This is due to the fact that the peak of the Medical Department's activities will not be reached until fall.

In formulating the policy consideration was given to civilian needs for professional medical, dental and veterinary care without weakening military needs. Other factors considered were the length of time necessary for personnel to complete their work in the Mediterranean and European Theaters and return to the United States; replacement of Medical Department personnel in active theaters by those who have not had overseas duty; necessity for the maintenance of a high standard of medical care; the heavy load of patients in the United States; evacuation of the sick and wounded from Europe in the next ninety days and continuing medical service in the Pacific.

The policy applies with equal effect to Army medical officers assigned to the Veteran's Administration and other agencies.

It reads:

Medical Corps

- a. Officers whose services are essential to military necessity will not be separated from the service.
- b. Officers above 50 years of age whose specialist qualifications are not needed within the Army will receive a high preferential priority for release from active duty.
- c. Adjusted Service Ratings will be utilized as a definite guide to determining those who are to be separated.

Medical Administrative Corps

- a. Officers whose services are essential to military necessity will not be separated.
- b. Officers who express a desire to stay on duty shall be allowed to do so if vacancies exist. In the event there are more wishing to stay than there are vacancies, those with the highest efficiency index will be retained.
- c. Those who wish to be released will be selected on the basis of Adjusted Service Scores.

Dental Corps

- a. Officers whose services are essential to military necessity will not be separated from the service.
- b. Officers above 50 years of age whose specialist qualifications are not needed within the Army will receive high preferential priority for release from active duty.
- c. Adjusted Service Ratings will be utilized as a definite guide in determining those who are to be separated.

(SURGEON GENERAL OUTLINES PERSONNEL RELEASE POLICY, Continued)

Army Nurse Corps

- a. All Nurses whose husbands have been released from active duty will be discharged upon request when release of husband is proven.
- b. No officer will be separated whose services are essential.
- c. Officers with children under 18 years of age who wish to be released will receive a high preferential priority for selection.
- d. Adjusted Service scores will govern other cases.

Medical Department Dietitians
Medical Department Physical Therapists

- a. All Medical Department Dietitians and Medical Department Physical Therapists whose husbands have been released from active duty will be discharged upon request when release of husband is proven.
- b. Military necessity will govern all others. Since there is a shortage of these officers, it is not contemplated that others will be released from the service except in a, above.

Veterinary Corps

- a. Since there are insufficient officers to meet the present requirements, it is not contemplated that any officers will be released from the service.

Sanitary Corps

- a. Officers whose services are needed will not be separated.
- b. Officers who express a desire to stay on duty shall be allowed to do so if vacancies exist. In the event there are more wishing to stay than there are vacancies, those with the highest efficiency index will be retained.
- c. Those who wish to be released will be selected on the basis of Adjusted Service Scores.

GENERAL DENIT AWARDED LEGION OF MERIT

General MacArthur, by direction of the President, has awarded the Legion of Merit and the Bronze Star Medal to Brigadier General Guy B. Denit, Theater Surgeon, U.S. Army Forces in the Far East and also Chief Surgeon of U.S. Army Services of Supply, SWPA, for "exceptionally meritorious conduct in performance of outstanding service" and for "meritorious achievement" in directing medical support of military operations in the Pacific.

The Legion of Merit citation mentions General Denit's work up to the time of the Leyte invasion, including operation of medical service for five new major bases and the establishment of 24 general and station hospitals as well as numerous smaller ones and supply depots. The citation states that General Denit's "comprehensive program of practical measures for the prevention, treatment and control of tropical diseases in some of the most pestilential and disease-ridden sectors of the Pacific was of greatest importance in increasing combat efficiency. Through his professional skill and sound technical knowledge, General Denit provided the medical support vital to the success of a long series of combat operations against the enemy in the Southwest Pacific Area."

The Bronze Star order cites General Denit's contribution at Leyte in exercising "sound knowledge, capable leadership, excellent judgment and untiring efforts" in handling medical service for that amphibious landing. He personally supervised the prompt care and evacuation of battle casualties and hospitalization.

General Denit, who was graduated from the University of Virginia Medical School in 1914, entered the Army in June, 1916. He served 9 months on the Mexican border and during the first World War he was in France as assistant division surgeon for the 29th Division. In December 1942 he was sent to North Africa as Surgeon for the Atlantic Base Section. His present assignment was given him in January, 1944.

Acting Secretary of War Patterson and
General Kirk Report on Health of Army

In presenting Major General Norman T. Kirk, Surgeon General of the Army, at the Secretary of War's press and radio conference on 24 May 1945, the Honorable Robert P. Patterson, Acting Secretary of War, said in part:

The war in which we are engaged has produced many seemingly unsurmountable problems, problems without precedent in the development of new weapons, new methods of training, and new tactics. But none of these problems has been more difficult than the problems faced by our Medical Department in caring for the largest American Army in history, fighting in virtually all parts of the world. And yet, despite these problems, no Army at any time in history has achieved a record of recovery from wounds and freedom from disease comparable to that of the American Army in this war.

The Medical Department, its doctors, its nurses, its corpsmen, has saved the lives of 97 out of every 100 men wounded in battle who reach a hospital, compared with 92 in the World War. Seventy out of every 100 wounded overseas were returned to duty, and 27 were evacuated to this country.

During the past three years, the Medical Department has maintained a record of less than one death from disease per 1,000 men per year. During the World War, 19 out of every 1,000 men died each year from disease. During the Spanish-American War we lost 26 out of every 1,000 per year, and in the Civil War, 65 out of every 1,000 men died each year from disease.

In all, during this war, 12,000 men died from disease from December 7, 1941, to May 1, 1945. In World War I, 62,670 men died from disease; in the Spanish-American War, 3,500 died from disease, and in the Civil War, 336,216 men of the Union and Confederate armies died from disease.

Malaria has been reduced from hundreds of cases per 1,000 men per year to less than 50. The dysenteries, which once put entire regiments and armies out of action, have occurred among less than 90 out of every 1,000 men per year and have been readily controlled. During World War I, 38 per cent of the men who contracted meningitis died, compared with 4 per cent in the present war, and 24 per cent of those who caught pneumonia died in 1918 compared with only seven-tenths of one per cent in this war.

No greater tribute can be paid to the Medical Department of our Army than the tribute paid by its record of saving lives in this war.

It is a record written by Medical Corpsmen following the troops into battle; by doctors performing their surgery amid the bursting of bombs; by the self-sacrifice of American women in the Nurse Corps, laboring long hours under the most difficult of conditions, by thousands of other Medical Department personnel, and by scientific research and development.

The Medical Department today is well prepared for the intensification of its work brought about by the cessation of hostilities in Europe. Thousands of wounded veterans in the European and Mediterranean theaters are being transported to the United States as fast as ships and planes are available. Physical examinations are being given to each of the 3,500,000 soldiers in those theaters before they are redeployed. And Medical Department personnel will be sent to the Pacific in ever-increasing numbers as our forces are marshalled for the final blows against Japan.

The peak of the Medical Department's activities will not be reached until the fall of 1945. At present, wounded and sick are being returned to this country from all theaters at the rate of 44,000 a month. This evacuation will continue until all of the patients in the European and Mediterranean theaters are removed, which will require 90 days.

In anticipation of this movement of patients from Europe to this country, the Army has provided seven additional hospital ships, three of which are now in service, with four more to be commissioned shortly. This will bring the total number of hospital ships to 29, with an aggregate patient capacity of

(ACTING SECRETARY OF WAR PATTERSON, GENERAL KIRK REPORT ON ARMY HEALTH, Cont'd.)

20,000. Of the 25 Army hospital ships now in operation, 18 are in the Atlantic, five are in the Pacific, and two more are en route to the Pacific.

In addition to these hospital ships, special hospital equipment has been placed aboard 24 troop transports, giving the Army an additional patient-carrying capacity of 40,000.

Eight thousand patients a month are being brought back to the United States by plane, with three-fourths of this air traffic over the Atlantic.

The arrival of these thousands of wounded and sick in this country during the next three months will place a heavy load on our General and Convalescent hospitals. The population of all Army hospitals in the United States at present is 290,000. By September, this is expected to reach 315,000, taking into consideration the discharge rate.

It can readily be seen that the Medical Department will be operating at capacity for many months to come and there will be a critical need for its professional and civilian personnel during this period.

General Kirk's statement follows:

"The Army Medical Department is well prepared to maintain its record of saving lives and guarding against disease in the second phase of World War II which will be centered in the Pacific. As combat activities increase in that area troops moved from European theaters will find a different type of warfare, different diseases and different methods of combating disease.

"The Medical Department has been preparing for years for its fight on disease in the Pacific. In addition to its intensive research into diseases common to that area it has gained much value in practical application of its methods from the campaigns already fought.

"In the Pacific areas our fighting men are exposed to many types of disease that are rare in the United States and Europe. However, this should not be considered cause for alarm. With proper preventive measures and medical service the disease rate in the Pacific will be kept to a minimum.

"Every fighting unit in the Pacific area has had the same type of medical organization accompanying it as those in other theaters. The chain of evacuation of the wounded is well-organized and is very effective. Because of geographical and climatic differences certain changes were desirable, but the same high type facilities are available.

"The main diseases to be encountered in the Pacific are malaria, the dysenteries, scrub typhus, skin infections, schistosomiasis, filariasis and dengue fever. Excellent progress has already been made in keeping the incidence of all of these diseases to a very low degree.

"Malaria, for example, has been reduced to one-fourth its incidence in the early part of the war so that the overall death rate from malaria in the Army is .01 per cent.

"The use of D.D.T. and atabrine is primarily responsible for lowering the incidence rate of the most disabling tropical diseases. The remarkable record in lowering the malaria rate is due also to strict discipline and control measures. Malaria is spread by the anopheles mosquito. D.D.T., a recently developed insecticide, is used to kill this mosquito and the larva. Areas are sprayed with D.D.T. by plane and a five per cent solution of D.D.T. sprayed on barracks walls in kitchens and huts kills all mosquitoes and flies alighting thereon for months after spraying.

"The dysenteries, so common in the Pacific areas, which are spread by flies are also rendered less prevalent by the use of D.D.T.

"Atabrine has been found more effective as a therapeutic agent in the control of malaria than quinine.

"Filariasis, which is also spread by the mosquito, is reduced by the use of D.D.T. and mosquito control methods.

"Schistosomiasis is caused by a small fluke found in pools and running streams which in a matter of seconds burrows through the skin and infects the individual. All water found to contain these flukes is posted and personnel is warned not to bathe, wade or wash in it.

"Areas found to contain scrub typhus are immediately burned over, clothing is impregnated, and efforts are being made to develop a vaccine to counteract it.

"Dengue fever, also spread by the mosquito, is controlled by the use of D.D.T. and mosquito abatement.

"It can readily be noted that D.D.T. is one of the miracle developments of this war.

"Last year a tropical disease center was opened by the Army Medical Department at Moore General Hospital, Swannanoa, North Carolina. It was designated as a center for the study and treatment of tropical diseases. This center has assisted greatly in the investigation and treatment of these diseases and has reduced the loss of manpower as a result of illness, thereby making an important contribution to the continuing improvement of American medicine.

"In addition to protecting the soldier from diseases of the tropics the Army Medical Department is affording all possible protection against disease and harmful pests which might be brought into the United States by military traffic. This is done through a quarantine branch which works in conjunction with the U. S. Public Health Service and the Navy.

"The Army program includes measures to prevent the importation of dangerous insects from abroad. Extensive insect control programs have been carried out about military stations and airports abroad, using highly effective techniques and agents. Passengers, planes, ships and cargo are sprayed with insecticides in order to eliminate insect risk.

"The battle is also waged through the control of rats and vermin. The most effective means of ridding ships of rats has been to build ships in such a way that rats cannot live or breed aboard them. Modern American ships are practically free of this age-old problem.

"To protect the country against agricultural diseases and pests which might be imported, rigid restrictions and inspections are made fully effective for military traffic. Particular stress is laid upon packing materials which might harbor insect forms.

"The Army Medical Department has complete medical and sanitary surveys of all the territory in the Pacific which is potential battle ground. The health hazards to soldiers are known to the Medical Corps officers who accompany all invasion troops and that knowledge is distributed to all the men.

"The Army Medical Department has been doing a fine job in the Pacific and will continue to do that job as activities in that theater increase. It is true that the pestilential islands of the Pacific have not been changed into gardens of Eden, but when the deplorable health conditions that existed there are compared with what has been accomplished it is obvious that our victory over the Japs will be hastened.

"While all of this work and planning was going on for the increased activity in the Pacific the Army Medical Department during 1944 took care of 4,435,000 patients in hospitals--2,315,000 in the United States and 2,120,000 in hospitals overseas. In addition it provided care for an additional 43,210,000 non-hospitalized patients--those with minor infections and injuries who were only temporarily incapacitated.

"It performed the essential functions of caring for men wounded in battle, the injured and the sick to maintain fighting strength with 45,000 medical corps, 15,000 dentists, 52,000 nurses, 2,000 veterinarians, 18,700 medical administrative corps men, 2,500 sanitary corps specialists, 1,000 physical therapists, 1,500 dietitians, 61 pharmacy corps officers, 535,000 enlisted medical aid men and approximately 80,000 civilian employees.

"Illness and recuperation of wounded and injured men does not cease with a formal declaration of the end of hostilities on any front. The care of these men and women is a continuing responsibility of the Medical Department which will go on for many months in the future. It will increase rather than diminish during the remainder of 1945, according to the best estimates which can be made now. Therefore, as I have said before, medical care by the Army has yet to hit its full stride. One thing I wish to promise is that the best scientific medical attention will continue to be furnished to every man needing it."

GENERAL LULL TALKS ON CARE OF WAR DISABLED

General George F. Lull was a guest speaker at the luncheon recently given at the Commodore Hotel, New York City, by the Disabled American Veterans. He stated that wounded are now arriving here at the rate of over 1,400 a day and described how the Army Medical Department rebuilds these wounded in body, mind and spirit, preparing them to meet their responsibilities in civilian life. He emphasized the fact that these men want to be self-supporting and self-reliant and that many will have a higher producing and earning power than when they entered the Army. The least this country can do for the handicapped veteran, concluded General Lull, is to give him the right to live a normal, useful life.

Pro Golfers Association Helps Army Convalescents

The Professional Golfers Association has been actively cooperating with the Army's reconditioning program. Through its regional groups it has arranged for local golf clubs to offer patients from nearby Army hospitals free instruction and playing privileges and to lend them equipment. It has provided high quality exhibition matches for convalescent patients, has built and donated golf courses at several general hospitals and provided putting greens and driving ranges at others. Eventually the PGA hopes to expand this program to all general hospitals suitably located for golfing.

SGO REPRESENTED AT CONFERENCE ON INDUSTRIAL OPHTHALMOLOGY

Colonel Derrick T. Vail, MC, Chief of the Ophthalmology Branch, Surgical Consultants Division, represented the Office of The Surgeon General at the recent Conference on Industrial Ophthalmology held in New York City under the sponsorship of the College of Physicians and Surgeons, Columbia University, in cooperation with the National Society for the Prevention of Blindness.

Reconditioning Director at Personnel Services School

Major Thomas Barrett, MC, has recently assumed the post of Director of the Reconditioning Department of the School for Personnel Services at Lexington, Va. The department trains educational and physical reconditioning personnel.

Major Barrett was formerly Chief of the Reconditioning Service at Bushnell General Hospital, Brigham City, Utah. He replaces Lieutenant Colonel Nathan K. Jensen, MC.

HOSPITAL SHIP DENTAL OFFICERS

Every Army hospital ship has at least one dental officer assigned to its professional staff, whether it is bringing wounded home, transferring patients from one theater to another or supporting an amphibious landing operation.

The larger hospital ships carrying 900 to 1500 bed-patients have a dental staff headed by a lieutenant colonel. On the 1500-bed ships this staff consists of a lieutenant colonel who is a general dentist, a major who is an oral surgeon and two captains or first lieutenants who are general dentists. The highest ranking dental officer on hospital ships, which carry from 500 to 800 bed patients, is a major who is an oral surgeon, while a captain or first lieutenant who is a general dentist is assigned the dental responsibilities on the smaller 200- to 400-bed hospital ships.

COLONEL EPPINGER VISITS SGO

Among the overseas visitors at the Office of The Surgeon General this month was Colonel Eugene Eppinger, MC, who recently returned to this country from the Philippines where he was Assistant Consultant in Medicine in the Southwest Pacific Area of Operations.

"One of the Many"

At the conclusion of his address to the graduating class of the Jewish Hospital School of Nursing, in Brooklyn, N. Y., Major General George F. Lull, USA, Deputy Surgeon General, read "one of the many" citations received by members of the Army Nurse Corps.

It was for the award of the Silver Star to First Lieutenant Elaine Roe and Second Lieutenant Rita Rourke for gallantry in action and declared that "During a concentrated shelling of the *** Field Hospital by enemy heavy artillery, the entire hospital area was sprayed with shell fragments which killed two nurses and wounded other military personnel. Electric wires were cut and lights extinguished. Working with flashlights, Lieutenant Roe and Lieutenant Rourke immediately began the orderly evacuation of 42 patients while quieting others who had become alarmed and were attempting to leave their beds. Throughout the shelling, which included many air bursts, they exhibited remarkable coolness and courage and carried on with complete disregard for their own safety. The quick thinking competence under unannerving conditions and the loyal consideration of Lieutenants Roe and Rourke for the welfare of their patients, prevented confusion which might have been critical, and were an inspiration to the enlisted men working under their supervision. Their actions reflected the finest traditions of the U. S. Army and the Army Nurse Corps."

COLONELS EVERTS AND BRILL RETURN FROM OVERSEAS

Lieutenant Colonel W. H. Everts, MC, Chief of the Neurology Branch, Neuropsychiatry Division, and Lieutenant Colonel Norman Q. Brill, Chief of the Psychiatry Branch, Office of The Surgeon General, have both returned to Washington from overseas inspection trips.

Colonel Everts made a neuropsychiatric survey of the European Theater of Operations and the Mediterranean Theater of Operations which took him through Germany, Italy, Holland, Belgium and England. He inspected neuropsychiatric facilities and management in combat as well as rear echelons.

Colonel Brill made a psychiatric survey in the Pacific Ocean Area which included Oahu, Fiji Islands, New Caledonia, Espiritu Santo, Guadalcanal, Guam and Saipan.

Army Medical Officers Address Border Health Conference

Colonel Joseph F. Sadusk, Jr., MC, Executive Officer of the United States of America Typhus Commission, and Lieutenant Colonel Douglass W. Walker, MC, Executive Officer of the Preventive Medicine Service, Office of The Surgeon General, presented papers and discussed problems in preventive medicine of concern to the Army at the third annual conference of the United States-Mexico Border Public Health Association which was held at El Paso, Texas, on May 14 and 16, and at Juarez, Mexico, on May 15th.

Colonel Sadusk, speaking on "Recent Advances in Treatment and Control of Typhus Fever," stated that there has not been a single death from epidemic typhus in the Army since the beginning of the war. He further stated that -- directly due to recent advances in its control -- there have been less than 50 cases of epidemic, louse-borne typhus in the Army during this war. This record was achieved despite the fact that our forces have been constantly exposed to the disease in many areas of the world.

Colonel Walker spoke on the preventive medicine program of the Army. This, he said, comprised: (1) general health measures, which are concerned with the selection of healthy recruits and include proper clothing, shelter, food and sanitation; (2) specific health measures, designed to protect the soldier against infections with specific diseases; and (3) a medical research program which recognized the need for scientific laboratory and field research in order

(Army Medical Officers Address Border Health Conference, Continued)

to develop better methods for the control and prevention of diseases. As a result of the Army's preventive medicine program, he said, no major epidemics have occurred in the Army, and the successful conservation of manpower through the prevention of infectious diseases has been an important factor in our military successes.

MEDICAL UNIT WINS MERITORIOUS SERVICE PLAQUE

The Meritorious Service Unit Plaque was awarded to the 1882d Service Unit, Regional Hospital, Camp Maxey, Texas, for "superior performance of arduous duties in the care of injured persons resulting from a tornado at Antlers, Oklahoma, 12 April 1945." The citation continues, "The devotion to duty displayed by the hospital personnel, and the numerous patients who volunteered their services, while coping with a serious situation created by this disaster, adds another achievement to the long list already attained by the Medical Department in war and peace."

Colonel Wentworth Awarded Kaiser Medal

The 1945 Albert David Kaiser Medal of the Rochester (N. Y.) Academy of Medicine was awarded this month to Colonel Edward T. Wentworth, MC, for "outstanding services to the medical profession of county and state and for zeal in ministering to the defenders of our country in two wars." Colonel Wentworth organized, trained and is now commanding officer of General Hospital 19 in France.

COLONEL MENNINGER IS GRADUATION SPEAKER
AT SCHOOL OF MILITARY NEUROPSYCHIATRY

Colonel William C. Menninger, MC, Director of the Neuropsychiatry Consultants Division, Office of The Surgeon General, delivered the graduation lecture to the 20th (and largest) class graduated from the School of Military Neuropsychiatry, Mason General Hospital, Brentwood, L. I., N. Y. He discussed what appear to him the chief trends in psychiatry in the Army, namely, the relation of psychiatry to manpower, its wider application as a social science, the increased emphasis on treatment, and psychiatric responsibility toward the veterans.

POA Nutrition Problems Surveyed

Colonel John B. Youmans, MC, Director of the Nutrition Division, Preventive Medicine Service, Office of The Surgeon General and Dr. Joseph T. Wearn, of Cleveland, Ohio, Civilian Consultant to The Surgeon General, returned this month from an extended nutritional survey of the islands in the Pacific Ocean Area during which they consulted with General MacArthur. Before returning home they arranged for a study to be made on the nutrition of troops in the area and on diseases which might have a nutritional origin.

CAPTAIN ASHERMAN WINS BRONZE STAR

The Bronze Star Medal was awarded to Captain Edward G. Asherman, MC, of Ogunquit, Me., for meritorious service in France during the period of 1 July to 31 July 1944, in connection with military operations against the enemy.

The citation declared that "since landing on the coast of France, June 12, 1944, Captain Asherman has commanded Co. B, 48th Armored Medical Battalion in support of Combat Command B, 2nd Armored Division. During fighting during the first few days after landing and in support of attacks west and southwest of St. Lo, Captain Asherman steadfastly maintained greatest contact with Aid Stations evacuated, and skillfully employed his Treatment stations so as to render the most efficient medical service. Treatment Stations were habitually located forward of friendly artillery, and frequently, within range of small arms fire. In maintaining liaison and contacting units service, Captain Asherman made frequent trips over roads under enemy small arms fire from pockets not cleared out by rapid advancing armor. Captain Asherman showed a disregard for personal safety in the performance of his mission which resulted in a minimum time lag between the time a wound was received and definitive treatment given, thereby, saving many lives."

RECENT PROMOTIONS, MEDICAL CORPS OFFICERS

Lieutenant Colonel to Colonel

GEORGE LEWIS BEATTY, MC, Norton, Kans.
CLEMENT ALOYSIUS FOGERTY, MC, Ross, Calif.
JOHN McEWEN FOSTER, MC, Denver, Colo.
DANIEL JOSEPH FOURRIER, MC, Baton Rouge, La.
JOHN SINCLAIR DENHOLM, MC, Burlington, N.C.
WILLIAM JOHN MC CONNELL, MC, New York, N.Y.
GUY WINSTON HORSLEY, MC, Richmond, Va.
JAMES SHIRA PEGG, DC, Columbus, Ohio
CHARLES BATEMAN PERKINS, MC, Seattle, Wash.
WILLIAM JOHN SHAW, MC, Fayette, Mo.
JOHN WASHINGTON SIMPSON, MC, Atlanta, Ga.

Major to Lieutenant Colonel

ANNA GEORGENE ANDERSON, ANC, Cedar City, Utah
EDWARD AUGUST BACHHUBER, MC, Mayville, Wisc.
WYNN LAPHAM BEEBE, DC, Seattle, Wash.
CHARLES BURNETT BILLINGTON, MC, Richmond, Ky.
PAUL KENNETH BORNSTEIN, MC, Belmar, N.J.
ROBERT NEIL BROWN, MC, Asheville, N.C.
JOHN HENRY BUMSTEAD, MC, Hamden, Conn.
LEO AUGUSTINE BYRNES, MC, Holyoke, Mass.
EDWARD GEORGE CADA, MC, Berwyn, Ill.
RALPH THOMAS CASTEEL, MAC, Atlanta, Ga.
SAMUEL CHING, MC, Victorville, Calif.
EDWARD DEWITT COOK, MC, Snyder, N.Y.
CECIL HARDEE CONNELL, SnC, College Station, Texas
JOSEF SHELTON COPE, MC, Lexington, Mo.
DALE DUANE CORNELL, MC, Greenfield, Iowa
JAMES OLIVER CROMWELL, MC, Blackfoot, Idaho
BLAKEY THATCHER DEAL, VC, Philadelphia, Pa.
JOHN CHESTER DIGGS, SnC, Oklahoma City, Okla.
FRANK HARVEY DOUGLASS, MC, Seattle, Wash.
MAX EISENSTAT, MC, New York, N.Y.
ARTHUR ROBERT GALLAGHER, SnC, Cleveland, Ohio
EUGENE WILMETH GRAY, JR., DC, Edna, Texas
ROBERT EDWARD GRANDFIELD, MC, Roslindale, Mass.
ROBERT CALVIN HARDIN, MC, Iowa City, Iowa
ALOYSIUS PATRICK HARNEY, MC, Bedford, Mass.
ROLFE MARSH HARVEY, MC, Ardmore, Pa.
CHARLES LUTHER HINKEL, MC, Harrisburg, Pa.
EDWARD SCOTT HOPKINS, SnC, Baltimore, Md.
LINNEUS GODFREY IDSTORM, MC, Ah-gwah-ching, Minn.
WILLIAM BENJAMIN IRBY, DC, Kenbridge, Va.
MAVIS PARROTT KELSEY, MC, Rochester, Minn.
JOSEPH HENRY KING, MC, Summerton, S.C.
ERNEST HALL KLINE, MC, Nyack, N.Y.
NEWTON JOHN KRABBE, DC, Champaign, Ill.
GEORGE ROBERT LAVINE, MC, Rochester, N.Y.
LEE HERMAN LEGER, MC, Kansas City, Kans.
EDGAR CHARLES LONG, MC, Monroe, Mich.
JOHN DAVID MALONEY, MC, Waverley, Mass.
GEORGE CARSON MC EACHERN, MC, Long Island, N.Y.
JAMES WILLIAMS MILLER, MC, Greensburg, Ky.
JACK DUANE MYERS, MC, Boston, Mass.
ARTHUR DALE NICHOL, MC, Shaker Heights, Ohio
FLOYD ALVIN NORMAN, MC, Dallas, Texas
WILLIAM HENRY O'BRIEN, MC, Albany, N.Y.
WILLIAM FREDRICK PEACOCK, DC, Crawfordsville, Ind.
OSCAR ARMAND PALATUCCI, MC, New York, N.Y.
JACK EARL PILCHER, MC, Indianapolis, Ind.
CHARLES RAULERSON, MAC, Jacksonville, Fla.
LAWRENCE PATRICK ROBERTS, MC, Orangeburg, N.Y.
HARRY JOHN ROBERTSON, VC, National Park, N.J.
ROWLAND WAYNE RUSHMORE, VC, Atlanta, Ga.
SHERWOOD ROSS RUSSELL, MC, St. Johns, Mich.
SYDNEY SELESNICK, MC, Milton, Mass.
WILLIAM SCHULZE, MC, Durham, N.C.
WENDELL SMITH SHARPE, MC, Rochester, Minn.
MOSES LYON STADIEM, MC, Durham, N.Y.
ROBERT LOUIS VOUGHT, MC, Jamestown, N.Y.
WINTHROP WHETHERBEE, JR., MC, Boston, Mass.
GLYNN BRYAN WIDNER, DC, Tabor, Iowa.
CARL EDWARD ZEITHAML, MC, Cleveland, Ohio

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

Major to Lieutenant Colonel

FREDERIC N. SCHWARTZ, MAC, of Huntington, Mass., Surgical Consultants Division.

First Lieutenant to Captain

VERMOLA W. McCULLOUGH, ANC, of Mt. Vernon, N.H., Nursing Division, Professional Administrative Service.

ELEANOR N. ECKLES, MAC, of Bryn Mawr, Pa., Technical Division, Operations Service.

EVAN A. EVANS, JR., MAC, of Baraboo, Wisc., Occupational Health Division, Preventive Medicine Service.

EDWARD B. WILLIAMS, MAC, of Manhasset, N.Y., Medical Statistics Division, Professional Administrative Service.

Second Lieutenant to First Lieutenant

WILLER M. DAWKINS, MAC, of Washington, D.C., Mobilization and Overseas Operations Division, Operations Service.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

CAPTAIN JULIUS C. SEXSON, DC, of Worthington, Ind., formerly of Santa Ana, Army Air Base, assigned to Dental Division.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

CAPTAIN PERRY W. BASCOM, DC, of Petaluma, Calif., formerly Dental Division, assigned to Greiger Field, Wash.

CAPTAIN CARLO HENZE, MC, of New Rochelle, N.Y., formerly Medical Intelligence Division, Preventive Medicine Service, assigned to Carlisle Barracks, Pa.

Two Medical Officers Performed "Near Miracles" in Prison Camp

The lives of hundreds of American prisoners of war in Stalag 12 at Limburg, Germany, were saved through the skill and ingenuity of two Army doctors, Major Henry S. Huber, MC, of New York City, and Captain George Gallup, MC, of Los Angeles, according to a former fellow prisoner, Lieutenant Arthur Wigeland of New York City.

In an interview published in the NEW YORK TIMES, he told how these medical officers made a blood transfusion apparatus with the only materials handy--a worn-out rubber tube and a German beer mug--and salvaged all the halizone tablets among the Yank prisoners, and used them as antiseptic.

"No American who came under their care in that prison camp will ever forget those two men," said the lieutenant. "They went without sleep night after night. When the barracks that served as a hospital was blacked out during allied air raids, they operated by flashlight. Hundreds of us owe our lives to them. No military decoration, we felt would be too high a reward for such men."

GENERAL SIMMONS TALKS ON TROPICAL DISEASES

Brigadier General James S. Simmons, USA, Chief of the Preventive Medicine Service, Office of The Surgeon General, who has recently returned from an inspection trip of preventive medicine activities in the Pacific theaters of war, spoke on "Progress in the Army's Fight Against Tropical Diseases" at the 50th anniversary meeting of the Alpha Kappa Kappa Medical Fraternity of the University of Michigan, Ann Arbor, Mich. Highlights of his report follow:

Malaria: At one time in the Southwest Pacific, casualties from malaria were high and more than 30 per cent of the hospital beds were occupied by malaria patients. Now, due to widespread suppressive use of atabrine and to the establishment of good mosquito control in all base areas, admission rates from malaria have decreased markedly.

(GENERAL SIMMONS TALKS ON TROPICAL DISEASES, Continued)

Dengue: A peak rate of 138 per 1000 per annum occurred in Pacific Ocean Areas in September, 1944. An outbreak on Saipan subsided abruptly following the spraying of DDT by airplanes. Since then rates in that theater have been below 30 per 1000 per annum.

Diarrhea and the Dysenteries: Rates reflect general sanitary conditions, including food and water sanitation and fly control. The new insecticide DDT is greatly simplifying the control of flies in latrines, mess halls and kitchens. On the whole, the situation in Pacific Ocean Areas has been satisfactory.

Scrub Typhus: We now have effective methods for the control of this disease by attacking the mites which transmit it.

Infectious Hepatitis: Great progress has been made in the study of the epidemiology of this disease by Commission members of the Army Epidemiological Board, and the work is continuing.

Filariasis: Its incidence at present is not alarming. Mosquito control prevents this disease.

Schistosomiasis: On Leyte all dangerous streams have been posted with signs warning the troops against the dangerous Japanese blood flukes. Educational teams are being developed to travel from unit to unit to acquaint the troops with the dangers of bathing or wading in infested fresh water.

In conclusion General Simmons said that he was proud of the way the Medical Department has carried out the Army's program of preventive medicine, and of the remarkable results obtained.

MAJOR GUNDERSEN HERE FROM OVERSEAS

Major Trygve Gundersen, MC, Consultant in Ophthalmology to the Mediterranean Theater of Operations, is now on temporary duty in the Ophthalmology Branch, Surgical Consultants Division, Office of The Surgeon General. He is on leave from the 6th General Hospital, Mediterranean Theater of Operations, where for the past twenty-seven months he has served as Ophthalmic Officer and Chief of the Eye, Ear, Nose and Throat service of the hospital.

Higgins

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